

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018799

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 36

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1060

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		c. CITY OR TOWN Taneyville	
Length of stay in 1b 56 hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.		d. STREET ADDRESS (If outside, give location) Taneyville	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) SAMUEL AHAS KNIGHT		4. DATE OF DEATH Month April Day 29 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/22/1882
9. AGE (last birthday) 80		IF UNDER 1 YEAR IF UNDER 24 HR Months 9 Days 7 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY public Worker	
11. BIRTHPLACE (City and state or country) Tenn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ira Knight		13b. MOTHER'S MAIDEN NAME Mary Roberts	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no none	
16. SOCIAL SECURITY NO. 		17. INFORMANT Mrs Pauline Pulley Riverton, Ks.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident		INTERVAL BETWEEN ONSET AND DEATH 1 da	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension		?	
DUE TO (c) 			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year 		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from 4-28-63 to 4-29-63 and last saw him alive on 4-29-63 Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harvey J. Mans, M.D.		22b. ADDRESS Taneyville, Mo.	
22c. DATE SIGNED 4-30-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/1/63	23c. NAME OF CEMETERY OR CREMATORY Dickens Cemetery	
23d. LOCATION (City, town, or county) Dickens, Mo		(State)	
24. FUNERAL DIRECTOR Walter Cobb Branson, Mo		25. DATE RECD. BY LOCAL REG. 5-1-63	
26. REGISTRAR'S SIGNATURE John Campbell			

JUN 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Whitney Cobb

Licensed Embalmer No. 4731

P. O. Address Bethesda, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.